

EDITORIALS

THE NARCOTIC SITUATION

Not only physicians but every other thinking citizen should read the article and editorial on the narcotic situation in this issue of the JOURNAL. The article on "Certain Factors to be Considered in Judging the Effects of Prohibition in Relation to the Use of Narcotics" is by Congressman Lester D. Volk of New York, and the editorial on "It is Time for All the Facts" is by Ernest S. Bishop, M. D., also of New York.

Drs. Volk and Bishop are two of the most widely known of the serious students of drug disease. Both have had exceptional opportunities and experiences with the drug "problem" and the drug "situation," and the JOURNAL believes it is rendering helpful service to the people of California in publishing these articles.

IT IS TIME FOR ALL THE FACTS

The fact that the House of Delegates of the American Medical Association at its last annual convention endorsed Congressman (Doctor) L. D. Volk's Congressional House Resolution No. 258, and that its example has been followed by so many other scientific bodies of importance, gives especial interest to his article in this issue on narcotics and the present situation.

The material of *record* quoted in this article and the statements made on the basis of other material of record shows clearly that the conditions existing today did not create themselves, but are definite *end results* of causes and factors which have created the same conditions before in New York State.

The statements made by Assistant Attorney-General Crim and the Judges of New York State and the findings of the Whitney legislative investigation in that State, show that these facts are enough a matter of record to command general knowledge and recognition.

Why are they not more generally known and recognized, and why are they not recognized in the reports and discussions from the "narcotic committees" of some of our medical organizations?

Dr. Volk says that it is because of intensive publicity stressing the sensational and ignoring the clinical and physical or reiterating certain incompetent formulae and slogans.

Of these he specifically names two phrases or definitions which have been a basis for endless dispute and not a little administrative policy and publicity. "Ambulatory treatment" and "institutional treatment," "satisfaction of craving," he says are misleading and unfounded in scientific or clinical fact, and have been cleverly used as propagandic slogans distracting from urgently needed real work, real education, and real issues.

And this he supports from the record of "institutional treatment" in the past and present.

Is it not about time that we gathered a real knowledge of available clinical and scientific in-

formation and *all* the available record of past experience and experiment?

The investigators from the lay press are gathering now and presenting information of well-established medical facts on this subject—and the various investigations of competent officials are all arriving now at the same conclusions—the need for recognition of the medical and clinical and research facts of opiate addiction.

The failure of the theories and methods in domination for the past four years is evident, and it is also evident that the present conditions were openly and repeatedly predicted as a result of those theories and methods.

If these theories and methods still persist in medical organization journalism or "committee" function, it becomes a matter for the medical profession to ask of its journalism and of its organization officialdom that it reject such theories and that it recognize medical and clinical facts and give to them as much discussion and dissemination as it gives to non-clinical matters.

Assistant Attorney-General Crim is asking for more medical data, and we know that more medical data is available. Why are not our organizations giving it to his department? Why is our organization journalism not giving it to medical men? Why are our "committees" not recognizing it?

It seems proven at last again that the solution of this "situation" lies in going back to the recognition of medical study and medical care and medical education.

Medical organizations should be the first to take the step.

Get away from phrases and slogans and propaganda and back to the teaching of *clinical medicine* in the subject of narcotic drug addiction.

Give the medical profession *all* the facts.

STRYCHNIN AND EPINEPHRIN SECRETION

Depending upon the point of view of the investigator, studies of drugs on adrenal output of epinephrin have been undertaken (1) to support the emergency theory of epinephrin secretion, (2) to determine the relation of the central (spinal cord and center) and peripheral nervous systems to the secretion, and (3), in the case of strychnin, to explain the therapeutic effects of strychnin in circulatory depression, collapse, shock, etc. The first proposition may be dispensed with at once, since it has been shown by critical investigators and physiologists that it is solely in the speculative stage, lacking adequate proof and evidence, despite the voluminous writings upon the subject. The criterion of the advocates of the emergency theory has been a symptomatic analogy, which does not meet the demands of the theory, namely, the analogy of symptoms and changes resulting from the injection of epinephrin as a drug in animals to those accompanying emotions, etc., in man. According to this kind of reasoning, it would be accurate to say that, since soda water (containing carbon dioxide) can increase gastric peristalsis

and secretion, the carbon dioxide, which is found in the body, is the regulator of gastric functions. Fortunately, every physician knows better. But, when a proposition involves the complex manipulations of physiology and the concentrations of a drug in the millionths, as has been the case in experiments on the adrenal and epinephrin, it seems to be difficult for some to dissociate the speculative and mystic features from the real facts.

The second proposition is more or less attached to the first and linked also with the third. Discussion of the peripheral nerves may be dispensed with because of the lack of agreement as to well defined effects of peripherally acting drugs on epinephrin output. On the other hand, there seems to be a center in the spinal cord for the secretion of epinephrin from the adrenal gland, for when the cord is destroyed and blood from the adrenal glands is collected under special conditions, epinephrin output is markedly diminished. Since strychnin acts on the cord, it might be expected to stimulate the epinephrin center and increase the output of epinephrin from the adrenal gland. This was originally shown to be the case by Stewart and Rogoff of the Cushing Laboratory of Experimental Medicine of Western Reserve University, Cleveland, under carefully controlled conditions, in which various factors, which may influence the detection of epinephrin, such as the blood flow in the gland, were taken into account. The action of strychnin has been confirmed recently by Schneider of the Berne Physiological Laboratory, by a somewhat different method of study. Schneider found that intraperitoneal injections of large doses of strychnin caused definite dilatation of the denervated pupil of the rabbit's eye and somewhat less of the intact pupil of the other eye.

The disappointing feature of these investigations, which report positive results with strychnin, is that near-convulsant or convulsant doses of the drug were necessary. For instance, Schneider found that no pupillary dilatation occurred until doses, which caused definite spasms of the masseter muscle, were injected. This, at once, puts the results outside of therapeutic possibilities and does not help to elucidate, if, and how, strychnin acts as a clinical circulatory stimulant in shock and collapse conditions. If strychnin could demonstrably augment the epinephrin output, when used in therapeutic doses, it might be argued that the clinical circulatory effects are indirectly dependent upon the epinephrin, which, of course, can stimulate the circulation when injected in adequate dosage. The only value of such results, as those of Schneider, for the physician is that when he has a case of strychnin poisoning with convulsions he may suppose that there is some extra, though probably inconsequential, output of epinephrin from the adrenal glands. Suffice it to say that much of the literature on epinephrin output of the adrenal gland and miscellaneous speculations on the emergency epinephrin theory are misleading and unsatisfactory.

Stewart, G. N., and Rogoff, J. M.: *J. Pharm. Exp. Therap.* 1919, 13: 95. Schneider, C.: *Biochem. Z.*, 1922, 133:373.

GOVERNOR VETOES 331

In the longest session of the Legislature in sixty-one years and the most expensive session ever held in California, Governor Richardson exercised the veto power more than any of his predecessors. Senate Bill 331, "An act to protect the public from misrepresentation, imposition, and fraud of advertising doctors," had the honor of receiving the longest veto message. All educated doctors, who have received their degrees from any recognized institution of learning, should read that veto message of Governor Richardson.

The Governor says: "I am strongly in favor of the general purpose of this bill and of letting the people know the kind of doctor they are patronizing. The misuse of the word doctor has led to much confusion and abuse. When the name Dr. Will Healem appears on an office door, on a card, or in a newspaper advertisement, it cannot be determined whether he is a dentist, a chiropractor, an osteopath, a corn doctor, a doctor of philosophy, a horse doctor, a nature-cure doctor, or a 'regular' M. D. This is a condition which should be righted, and S. B. 331 seeks to do it."

This constructive measure, the first of its kind to be introduced in any State, was prepared by the League for the Conservation of Public Health after several years of careful consideration during which an immense amount of data from patients, nurses, hospitals, social workers, physicians, and investigators showed the increasing imposition on the sick of California that is being perpetrated by "doctors" of many varieties. Through the efforts of the League the Legislature passed the bill by an overwhelming majority. The opposition, for very obvious reasons, hesitated to come into the open, but when Senate Bill 331 came before the Governor for his signature the Governor's veto message informs us that Christian Scientists, optometrists, a few fearful M. D.'s which the Governor calls "regular," osteopaths, chiropractors, and last and least suspected, a member of the State Board of Medical Examiners. The reasons urged by all of these are "as two grains of wheat hid in two bushels of chaff: you shall seek all day ere you find them, and when you have them, they are not worth the search."

Leading physicians of California, under the impression that the Governor was seeking information before taking action, went to Sacramento for a public hearing. During this hearing it was pointed out that Senate Bill 331 would not handicap any legitimate doctor or institution, would not prohibit any advertising by legitimate doctors that may now be done legally in California, but would make all advertising done by any doctor more trustworthy by requiring all doctors to show their colors.

The people have a right to assume that anyone whom the State permits to hold himself out as a "doctor" to treat or cure mental or physical ailments has certain education, technical skill, and good moral character. The Governor, in his veto message, demonstrates that, under present conditions in California, people better investigate what